



Membership Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Circle one: **NEW** **RENEWAL**

Amount: _____ Check #: _____ Date: _____

Please complete and mail a check or money order payable to **Forge Theatre** to:

Forge Theatre
ATTN: Membership
P.O. Box 474
Phoenixville, PA 19460